

BEFORE THE  
PHYSICIAN ASSISTANT COMMITTEE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Probationary License Issued  
to:

**Pamela Ann Ahmed, P.A.**  
**1222 Silvius Avenue**  
**San Pedro, CA 90731**

**Physician Assistant**  
**License No. PA 21410**

**Respondent**

**Case No.: 1E-2010-211597**

**AGREEMENT FOR  
SURRENDER OF LICENSE**

**TO ALL PARTIES:**

**IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the  
above-entitled proceedings, that the following matters are true:

1. Complainant, Elberta Portman, is the Executive Officer of the Physician  
Assistant Committee, Medical Board of California, Department of Consumer Affairs.

2. **Pamela Ann Ahmed, P.A.**, ("Respondent") has carefully read and fully  
understands the effect of this Agreement.

3. Respondent understands that by signing this Agreement she is enabling  
the Physician Assistant Committee to issue this order accepting the surrender of her  
license without further process. Respondent understands and agrees that Committee  
staff and counsel for complainant may communicate directly with the Committee  
regarding this Agreement, without notice to or participation by Respondent. The  
Committee will not be disqualified from further action in this matter by virtue of its  
consideration of this Agreement.

4. Respondent acknowledges that a Decision and Order issued her a  
probationary license effective January 10, 2011 with 2 years probation with various  
terms and conditions.

5. The current order provides in pertinent part, AFollowing the effective date of this probation, if respondent ceases practicing due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation, respondent may voluntarily tender her license to the committee. Upon formal acceptance of the tendered license, respondent will no longer be subject to the terms and conditions of probation.@ (Order #18)

6. Upon acceptance of the Agreement by the Committee, Respondent understand she will no longer be permitted to practice as a physician assistant in California and also agrees to surrender her wallet certificate and wall license.

7. Respondent fully understands and agrees, that if Respondent files an application for relicensure or reinstatement in the State of California, the Committee shall treat it as a Petition for Reinstatement of a revoked license in effect at the time the Petition is filed.

## ACCEPTANCE

I, Pamela Ann Ahmed, P.A., have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician Assistant License No. PA-21410, to the Physician Assistant Committee, Medical Board of California, for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Committee, I will lose all rights and privileges to practice as a Physician Assistant in the State of California and that I have delivered to the Committee my wallet certificate and wall license.

Pamela Ann Ahmed, P.A.

Date 7/31/12

Attorney of Witness

Date 7/31/12

Elberta Portman  
ELBERTA PORTMAN

Date 8/14/12

Executive Officer, Physician Assistant Committee